1983 Form

In the United States District Court 2011 APR 25 For the Northern District of Alabama

CV-11-BE-1397-M - RRA

ANT	hon	y tyrone MOSS # 179599	ζ,		74.47.
PLa:					
			<u>.</u>		
			- ,	,	
•		the full name(s) of the this action)	-		
		v			
Carr	rer	Daven Fort, Head Warden I	II.		
Defen	Idan	7.	-		
		· ·	_		
		full name(s) of the in this action)	.		
I. Pre	evious	s lawsuits			
Α.		ve you begun other lawsuits in state or his action or otherwise relating to you		-	ne facts involved
B.	tha	your answer to A. is "yes", describe n one lawsuit, describe the additional line.)			
	1.	Parties to this previous lawsuit		. •	
		Plaintiff(s): There ;	s NO Previ	ous Lawsuit	
		Defendant(s)	N/a		
	2.	Court (if Federal Court, name the district; if State Court, name the county)			
	3.	Docket Number		/ /a	
	4.	Name of judge to whom case was as			/a

11 1

	6.	Approximate date of filing lawsuit	N/a			
	7.	Approximate date of disposition	N/a.			
. Pla	ce of p	present confinement ST. CLair C	orrectional facility			
Α.		nere a prisoner grievance procedure in this () No (🗸	institution?			
B.		you present the facts relating to your comp	plaint in the state prisoner grievance procedu			
C.	If yo	our answer is YES:				
	1.	What steps did you take? formal g	rievance to Exhaust admin			
		rative Remedies under 42 L	1.5.c.A. & 1997(e)(a).			
	2	What was the result? The formal	grievance was denied by T			
		Defendant. He STATES. The	. ALa. Dept. of. Corr. Ha			
		NO STATE PrisoNer grievan				
D.	lf yc		The (PLRA) STATES, before			
			Exhaustion of administrative			
		•	r 42 U.S.C.A. & 1997(e)(a).			
_						
	item A	•	blank and place your present address in			
sec		lank. Do the same for additional plaintiffs,				
	Nam	ne of plaintiff(s) Anthony Tyron	e Moss # 179599 B/M			
Α.			TY 1000 ST. CLair Road			

In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants.

В.	Defendant	Carter	Davenport				
	is employed as	s Head	Warden III				
	at \$	clair	Correctional	facility			
C.	Additional Defendants						
		***************************************	- NONE	•			

IV. Statement of Claim

State here, as briefly as possible, the FACTS of your case. Describe how each defendant is involved. Include, also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.

ON January 3, 2011 around 5:30 P.M., the defendant acted under Color of state law, as the Plaintiff was assaulted by other Prisoners in his Cell M-1-5. and as a Result The Plaintiff suffered an actual Physical injury. as He was, beaten, Harassed, and May Have been Sexually assaulted as well. The defendant Jeopardize the Plaintiff Life and was also grossly negligent, as the plaintiff Lost his Left eye in the Process. as the defendant directly Participated, as the defendant Learned of the assault and failed to fix the situation. so defendant Created a Policy or Custom allowing or encouraging this illegal act. Therefore the defendant fail to Protect the Plaintiff, as there is sure Proof

of a Violation of Rights.	and Plaintiff Will show Said
Physical injury, as Plaintiff	suffered the Lost of His Left Eye
in the assault. SO The Plai	INTIFF LOST LEFT eye Which Cannot be
Replaced, or , Restored and t	for Pain and Suffering Plaintiff
Seek Compensatory damages,	as the defendant acted under
Color of State Law.	
RELIEF	
State briefly exactly what you want the coucases or statutes.	rt to do for you. Make no legal arguments. Cite no
COMPENSATORY DAMAges IN 7	The amount of \$50,000.00 Dollars
against the defendant Join	TLY and Severally, A Jury Trizh
on all issues triable by	Jury, the Plaintiff's Costs in Said
Suit, and any additional Re	Lief This Court deems Just, Proper,
•	Suffering from the Lost of Left eye.
	·
III July and an allow of movings that the fo	orogoing is true and sorrest
"I declare under penalty of perjury that the for Executed on 4/22/2011	
Executed on(date)	<u>-</u>
	ANTHONY TYPONE MOSS # 179599
	ST. CLair Correctional facility
	1000 ST. Clair Road (C - 29)
	SPrinsville, ALABAMA 35146-558
	- PLaintiff -
	anthony tyrone Mass # 179599 " Signature(s)

V.